

I send one packet to the parent with the letter informing the parent/legal guardian of the student's arrival and assigned counselor. *(I send 5 visitation applications)*

The second packet I send to the parent/legal guardian when visitation applications have been approved.

I have included samples of the letters accompanying these packets.

Donna Fross, Secy III, treatment *f*.



INDIANA DEPARTMENT OF CORRECTION  
LOGANSPORT JUVENILE CORRECTIONAL FACILITY  
1118 S. State Road 25  
Logansport IN 46947  
(574) 753-7571

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Date

Dear legal guardian;

**Student name** has arrived at the Logansport Juvenile Correctional Facility in Logansport, Indiana, where he will be required to address his identified needs. Release will depend primarily upon how well he progresses in the program and when he completes all of his growth plan goals. For progress to occur, it will be necessary for **Student name** to accept responsibility for his behavior and make a strong commitment to change. Your interest and involvement in the program is essential as our staff assists and supports him in this process.

**Student name** will be working with a team of staff who represent various areas in the facility. This treatment team will be working with **Student name** on the development of an Individual Growth Plan (IGP) that identifies needs, goals, and action steps to meet those goals. The team will be meeting every four weeks to review his progress.

It is the policy of the Indiana Department of Correction, Juvenile Services Division, to establish and maintain an equitable treatment program. We will not allow discriminatory practices to exist in any of our dealings with students or families because of race, color, religious creed, handicap, ancestry, national origin, age, or sex. If you have any questions, please contact **Student name** initial primary service provider, **counselor name** at 574-753-7571.

Please review the enclosed materials, which include:

\*\* Application for Visiting Privileges  
\*\*Trafficking Laws

\*\*Telephone and Mail Guidelines

Kindly complete the enclosed forms for "application for visiting privileges". One form is required for each person who may wish to visit, with a total of ten family members. You will note the requirements for granting of visitation privileges as directed on the form. Be sure to read them carefully and return to the facility along with required documentation to the attention of **counselor name** as soon as possible to begin visitation privilege consideration. You will be contacted as to the status of your visitation and provided with visitation rules if approved.

Note that return address labels or stickers are not to be used on the envelopes or the envelope contents. Cards should not contain items that may be removed as that is considered contraband.

Before **Student name** may be considered for release, a State identification is required. Kindly provide copies of these documents, Birth Certificate and Social Security Card, to the counselor as soon as possible.

We hope that **Student name's** stay will be productive and meaningful.

Sincerely,

(signature on file)  
Lori Harshbarger, Superintendent

c. institutional packet

### **TRAFFICKING LAWS**

The following Indiana Statutes are brought to your attention. It is important that you read and fully understand the meaning of these laws.

A person who, without the prior authorization of the person in charge of a penal facility, knowingly or intentionally;

- (1) Delivers or carries into the penal facility with intent to deliver an article to an inmate of the facility, or
- (2) Carries or receives with intent to carry out of the penal facility an article from an inmate of the facility commits trafficking with an inmate, a Class A Misdemeanor. However, the offense is a Class C Felony if the article is a controlled substance or a deadly weapon. [A Class A misdemeanor is punishable by imprisonment for a fixed term of not more than one (1) year and a fine of up to \$5,000.00. A Class A Felony is punishable by imprisonment for up to four (4) years, with not more than four (4) years added for aggravating circumstances or not more than two (2) years subtracted for mitigating circumstances and a fine of up to \$10,000.00].

The Department of Correction shall not tolerate trafficking with an offender or the possession of a controlled substance while on Department property. All offenders and visitors shall be subject to search. Refusal to be searched shall result in denial of the visit.

In all cases where a visitor and/or offender is found to be trafficking, the evidence shall be turned over to the Indiana State Police with a recommendation that the matter be prosecuted to the fullest extent. In addition, any visitor caught trafficking shall be permanently banned from visiting any offender in the Department of Correction and any Department facility.

Any offender found to be in possession of a controlled substance shall have his visiting privileges restricted to a "non-contact" visit only. For the first offense, these "non-contact" visits shall be for a period of six (6) months; second offense – twelve (12) months; any further offenses – permanently.

### **TOBACCO-FREE FACILITY**

The grounds of the Logansport Juvenile Correctional Facility and the Logansport State Hospital are tobacco-free. Tobacco materials of any nature are to be left in your vehicle and use of any tobacco materials is prohibited on the grounds and parking lot of these facilities.

### **TELEPHONE GUIDELINES**

The use of the offender calling system is a privilege. This privilege may be restricted or denied. Access to telephones and the number of calls allowed may be restricted due to the disciplinary actions, the specific assignment of the student, or in the case of an emergency as declared by the Superintendent.

All telephone calls will be collect, ten (10) minutes in length, and made at staff's discretion during leisure time. Students are not permitted to make third-party calls, use any type of calling card, make telephone calls with the intent of establishing a conference call, forward a call to another party, call toll-free telephone numbers, or use the offender telephone system for unlawful purposes.

### **MAIL GUIDELINES**

Students are provided with stationery, envelopes, and postage for two (2) stamped envelopes per month. Additional stationery, envelopes, and postage are available for the student to purchase. Students may not correspond with an individual who is currently on parole. If a student wishes to correspond with another incarcerated person, State Form 11985R, "Request to Correspond with Another Confined Person", is to be completed and submitted to the Superintendent of Logansport Juvenile Correctional Facility for approval/disapproval. If an approval is rendered, the form is then forwarded to the Superintendent of the facility at which the other individual is housed for his/her approval.

All incoming correspondence is to have the offender's legal name and D.O.C. number with the address of the facility. **NO RETURN ADDRESS LABELS OR STICKERS ARE TO BE USED ON ANY MAILING.** All incoming correspondence is screened by a staff person to verify and record receipt of property; intercept prohibited property or contraband, and for correspondence that may pose an immediate threat to the safety of an individual or a serious threat to the security of the facility. Third party mailing is prohibited. Offenders cannot receive correspondence from another person who is held in a correctional facility, sentenced to community correctional program, held in a county jail, or participating in a work release program.

Postal money orders [purchased at the Post Office only] must be mailed to the Miami Correctional Facility for placement on the students' trust fund accounts. That address is: Attn: Miami Correctional Facility, Trust Fund Account, 3038 West 850 South, Bunker Hill IN 46914. Logansport Juvenile Correctional Facility will not accept nor forward to Miami Correctional Facility any funds for any student currently housed at the Logansport Juvenile Correctional Facility.



## INDIANA DEPARTMENT OF CORRECTION

## Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS – 1. Please Print 2. All spaces must be completed 3. Sign the application 4. Return application to the offender's counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

Offender Information	Offender Name:	DOC Number
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The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor or the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.

Applicant's Name: Last, First, Middle	Current Address/City/State/Zip (Must match ID Used)	
Driver's License Number & State of Issue #: State:	State ID No. & State of Issue or other approved ID No./Type #: State: Type:	Race
Date of Birth (MM/DD/YYYY):	Telephone Number with area code:	
Are you related to this offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If related, how (must be immediate family)?	

Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with "step", "half", or adoptive relationships, aunt, uncle and those persons with the same relationship to the offender's spouse. Immediate family and 2 friends, up to a maximum of 12 persons will be allowed on the offender's contact list.

Applicant under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where and why here. Where: Why: (Attach additional sheet if necessary)	

If the response to any question above marked (\*) is "yes", you must submit a special request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.

Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? ☐ Yes ☐ No If "yes", please give the location and the last date of employment:

Location:	Last Date Employment:
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Relationship: Offender DOC#: Name:	Are you now or have you ever been a volunteer at an IN correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No No If "yes": Facility: Volunteer Type:

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By your signature below you are indicating that:

- You have read, understand and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility.
- You understand that you, your property and your vehicle while on Department of Correction grounds are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment and/or search dogs. You WILL be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility.
- You understand that a criminal warrants check will be performed on you before you are allowed to visit
- You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items or electronic devices, including cellular telephones, pagers or other communication devices is strictly prohibited. Medication and money/currency may only be possessed in accordance with Department rules.
- You understand that visits are monitored and videotaped.
- You certify that all of the information provided on this application is true, correct and as up to date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc..

Applicant's Signature:		Date (MM/DD/YYYY):
Signature of Parent/ Legal Guardian (if under 18):		Date (MM/DD/YYYY):
FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (Legible please):
Return To:	Facility Name & Address: Logansport Juvenile Correctional Facility 1118 South State Road 25, Logansport IN 46947	Attention Counselor of Housing Unit

APPLICATIONS AND INFORMATION MUST BE MAILED...FAXED COPIES NOT ACCEPTED.



INDIANA DEPARTMENT OF CORRECTION  
LOGANSPOUT JUVENILE CORRECTIONAL FACILITY  
1118 S. State Road 25  
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(574) 753-7571

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Due to policy and procedure relating to visitation of offenders, you will find enclosed a form titled "Authorization for Minor Child to Visit". If you are not the parent or legal guardian of a minor child(ren), this form must be completed, including a Notary Public, before permission will be considered for minor child(ren) to visit our offenders. It must be received at this facility no later than the week before you plan to visit. The Administration of our facility will consider approval of the visit. Therefore, the facility will not automatically allow visitation based only on this form, but also requires the approval of the Superintendent, Assistant Superintendent, or their representative.

A minor child is **any** child under the age of 18. This includes babes-in-arms. This form is required for **any** visit to this facility in which you wish to bring a minor for whom you are not the parent or legal guardian. This includes education meetings, treatment team meetings, family sessions, etc.



**AUTHORIZATION FOR MINOR CHILD TO VISIT**  
State Form 48965(6-98)

SUPERINTENDENT:

FACILITY: \_\_\_\_\_

OFFENDER: \_\_\_\_\_ NUMBER: \_\_\_\_\_

NAME OF MINOR CHILD(REN) AND AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document authorizes that the above name child(ren) is (are) authorized to visit the above named offender who is related them as \_\_\_\_\_. As the parent/legal guardian of this/these child(ren), I hereby authorize the child(ren) to accompany the following person during this visit:

\_\_\_\_\_  
(relationship) \_\_\_\_\_

I am fully aware that the above named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

Before me, a Notary Public in and for said county and State personally appeared, \_\_\_\_\_,

Who acknowledged the truth of the statements in the foregoing affidavit on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
County of residence

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_  
Commission expiration date



INDIANA DEPARTMENT OF CORRECTION  
LOGANSPOUT JUVENILE CORRECTIONAL FACILITY  
1118 S. State Road 25  
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date

parent/legal guardian  
address

Dear parent/legal guardian;

The applications you submitted for visiting privileges have been processed. The persons listed below will have visiting privileges after you, as the parent/legal guardian, has participated in a family session. You may contact the assigned counselor to set a date and time.

Enclosed you will find rules for entry into the facility and maps. You will want to review the dress requirements carefully and share that information with those persons who have been approved. Minor children must be escorted by their legal guardian.

Those individuals who may visit after the family session involvement are:

names of those approved

Regarding evening visits - if a holiday falls on a Tuesday or Thursday, there will be no evening visits. In these instances, the weekend hours will apply (refer to enclosure for additional information).

Also, please note that stickers, including address labels, are NOT to be placed on mail to the student.

Sincerely,

(signature on file)  
Lori Harshbarger, Superintendent

c. institutional packet

## VISITATION GUIDELINES AND RULES:

### Please Read the following general guidelines before visiting Logansport Juvenile Correctional Facility

- ❖ One (1) two-hour Visit per weekend (Saturday or Sunday), 9:00 a.m. to 11:00 a.m. or 1:00 p.m. to 3:00 p.m.; Tuesday and Thursday evenings, 6:15 -8:15. Visitors may stay for the entire two (2) hour visitation period except when the visiting room becomes overcrowded; at which time the shift supervisor will be responsible for modifying the visiting time accordingly. EXCEPTION: Should a visitor require use of the restroom during visitation, the visit will terminate for that visitor.
- ❖ On State recognized holidays a two-hour visit may occur at 9:00 a.m. to 11:00 a.m. or 1:00 p.m. to 3:00 p.m. If the holiday falls on a Tuesday or Thursday, holiday hours will apply and not evening hours.
- ❖ A limit of five (5) visitors may visit during that one (1) visit.
- ❖ Visitors sixteen (16) years of age and above are required to produce picture identification.
- ❖ Visitors under the age of eighteen (18) must be accompanied by an adult/guardian at all times.
- ❖ All visitors shall follow the directions of the facility staff.
- ❖ Young children must be kept at the table, quiet, and under control.
- ❖ Disruptive or offensive behavior could result in termination of the visit.
- ❖ Students and visitors are to refrain from excessive displays of emotion. Embracing is allowed at the beginning and the end of the visit. Holding of hands during the visit is permissible.
- ❖ Visitors may not bring any items, food, or gifts to the students. Visitors are not permitted to give money to the students during visits. Family members may purchase food and snacks from the vending machines for the students. The vending machines take change and dollar bills. No other change is available on the premises so be sure you have your own should you wish to make purchases.
- ❖ Postal money orders only will be accepted and are to be mailed to "Attn: Miami Correctional Facility, Trust Fund Account, 3038 West 850 South, Bunker Hill, IN 46914." The money order is to include the student's name and his Department of Correction (DOC) number.
- ❖ No purses, packages, diaper bags, or other bundles will be allowed on the premises. The only items allowed into the facility by visitors are personal identification and small amounts of funds for vending machines (\$20.00 maximum). Vehicle keys are to be left at the Gate. All other items are to remain in your vehicle.

Visitors entering the visiting area do so at their own risk and the Department shall assume no responsibility for injury. Visitors are subject to search. Students will be searched following all visits. Only approved immediate family members/legal guardians are allowed to visit. Persons who are on parole or probation can only visit with written approval of his/her supervising agent and the Superintendent of the Logansport Juvenile Correction Facility.

### Visitors' Dress Code Requirements

Visitors shall wear clothing that poses no threat to the security, custody or maintenance of order at the facility. The facility staff on duty during visitation shall make the determination if a visitor's clothing is acceptable or unacceptable. The following standards are to be met:

- Undergarments must be worn at all times
- Shoes must be worn, except for infants who are carried.
- Tight fitting, such as stirrup, lycra pants, or leggings shall not be worn.
- Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits.
- Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted
- All visitors must wear a shirt/blouse with sleeves
- No clothing with security threat group detailing is permitted
- No jewelry, except a wedding band or set, may be worn in the visitation area.
- Hats or other head coverings are not permitted, except as required by religious beliefs.
- No heavy coats or sweaters will be permitted in the visiting area.

**UPON RELEASE OF THE STUDENT FROM THIS FACILITY, IT WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO SIGN ANY RELEASE PAPERS NECESSARY AND TO PROVIDE TRANSPORTATION FOR HIS RETURN HOME.**

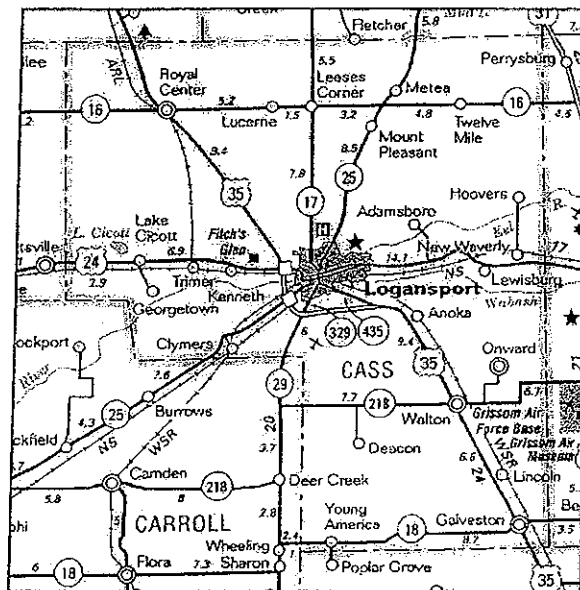


## Directions to Logansport Juvenile Correctional Facility:

The Logansport Juvenile Correctional Facility is strategically located equidistant from the three largest population centers in Indiana: Indianapolis (Marion County), Fort Wayne (Allen County) and Gary/Hammond/East Chicago (Lake County).

Take U.S. 421 (Michigan Road) to State Road 29. (U.S. 421 goes west to Frankfort and the road turns into SR 29). Take SR 29 north to U.S. 35 Bypass (on the south side of Logansport) and continue west on the U.S. 35 Bypass. Take State Road 25 exit to Logansport State Hospital. Follow signs to the Logansport Juvenile Correctional Facility.

Cass County Map:



### available public transportation

#### State-wide Transportation

Prison Visitation Services	<b>FREE SERVICE</b>	Indianapolis, IN	317-924-4124
Greyhound Bus Lines	204 W 18 <sup>th</sup> Street	Rochester, IN	574-223-2096

#### Local Public Transportation Sources

Cass Area Transit	1803 Smith	Logansport, IN	574-722-1190
Busy Bee Cab Co.	915 Main Street	Logansport, IN	574-722-6513
Senior Citizen's Mini-Bus	115 S. 6 <sup>th</sup> Street	Logansport, IN	574-753-5555

# NORTH CENTRAL JUVENILE CORRECTIONAL FACILITY

Information 10-11-75

